

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities (DDD)  
ALTCS Behavioral Health Services

**Qualified Behavioral Healthcare Professional (QBHP) / Primary Behavioral Health Professional (PBHP)  
CONSULT AND REVIEW OF BEHAVIORAL HEALTH SERVICES**

**Print or type**

<b>To:</b>		
NAME OF QBHP or PBHP	FAX NO. (Include area code)	DATE FAXED

<b>From:</b>		
DDD SUPPORT COORDINATOR'S NAME	PHONE NO. (Include area code)	FAX NO. (Include area code)
DDD SUPPORT COORDINATOR'S ADDRESS (No., Street, City, State, ZIP)		

INDIVIDUAL'S NAME (Last, First, M.I.)	DATE OF BIRTH	AHCCCS ID. NO.
REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA) PROVIDER'S NAME		PHONE NO. (Include area code)

**TO BE COMPLETED BY DDD SUPPORT COORDINATOR:** Narrative status regarding housing, medical stability, psychosocial stressors, progress etc., since last QBHP / PBHP review. List specific concerns that need attention for QBHP / PBHP such as regression, unmet needs, symptoms and/or side effects from medications, etc.

DDD SUPPORT COORDINATOR'S NAME	DDD SUPPORT COORDINATOR'S SIGNATURE	DATE
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<b>TO BE COMPLETED BY QBHP / PBHP:</b>	
COMPLETED FORM DUE TO DDD SUPPORT COORDINATOR BY	COMPLETED FORM SENT TO DDD SUPPORT COORDINATOR
Date:	Date: <input type="checkbox"/> Fax <input type="checkbox"/> Mail

<b>List of medications:</b>		
Medication	Purpose	Dosage

LIST AND NOTE FREQUENCY OF CURRENT BEHAVIORAL HEALTH SERVICES

SUMMARY OF FAMILY MEMBERS/CAREGIVERS FEEDBACK REGARDING THE MEMBER

CLINICAL IMPRESSIONS AND RECOMMENDATIONS FOR ONGOING TREATMENT (Attach clinical documentation since last review)

RESULTS OF LAB WORK, AIMS TESTING, ETC. (AIMS - 0)		DATE
QBHP / PBHP'S NAME	QBHP / PBHP'S SIGNATURE (Credentials)	DATE

<b>FOLLOW UP SECTION: To be completed by DDD Support Coordinator</b>			
SECOND ATTEMPT		THIRD ATTEMPT	
Date:	<input type="checkbox"/> Fax <input type="checkbox"/> Mail	Date:	<input type="checkbox"/> Fax <input type="checkbox"/> Mail
COPY OF COMPLETED FORM SENT TO PCP BY DDD SUPPORT COORDINATOR		Date: <input type="checkbox"/> Fax <input type="checkbox"/> Mail	

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